No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43872

Registrar's No. 2723

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vinita Park (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8023 Ellerton Avenue., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Vinita Park (If outside city or town limits, write "RURAL") 0

(d) Street No. 8023 Ellerton (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles B. Sutter

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Catherine Sutter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 7 (Day) 1869 (Year)

8. AGE: Years 78 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Upholsterer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Raymond H. Sutter

(b) Address 8342 Orchard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 12-29-47 (Date received local registrar) (b) Cecil A. Shay MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1947 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1946, 19, to Dec 27, 1947 that I last saw him alive on November, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Sclerosis	?
Chronic Myocarditis	?
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature S. E. Rawol (M. D. or other) MD

Address Overland Date signed 12/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1949

NOV 31 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John S. Kennedy

Licensed Embalmer No. 4194

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.